

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2015
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NAME OF PROVIDER OR SUPPLIER OLIVER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 4230 WENDELL BOULEVARD WENDELL, NC 27591
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of Complaint Survey by Dennis Harrell on 8-4-2015.</p> <p>The Complaint alleged that the fire alarm system was sending numerous false alarms to the emergency dispatch center resulting in unnecessary Fire Department deployments.</p> <p>Records indicate that the Facility was first licensed or submitted on 2-12-1987, as a Home for the Aged. The facility is currently licensed for a 100 beds including a 31-bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1978 (Revision 8) North Carolina State Building Code(s), Section 409.1 and the 1984 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>The Complaint was substantiated.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on staff interviews the fire alarm system is</p>	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 189	<p>Continued From page 1</p> <p>sending in false alarms causing the local Fire Department to deploy unnecessarily. False fire alarms can cause the staff to pay less attention to fire alarm activations and can divert emergency personnel from real emergencies.</p> <p>Findings include:</p> <ul style="list-style-type: none"> a. A staff member stated the fire alarm system sent in a false alarm on Saturday afternoon, August 1, 2015. b. The SIC stated the fire alarm system sent in a false alarm on Tuesday afternoon, August 4, 2015. <p>Based on a review of documents provided by Wake County, there have been 9 fire alarm activations since June 1, 2015.</p>	C 189		